Reviewer’s report

Title: Fertility Desire among HIV-Positive Women in Tigray Region, Ethiopia: Implications for the provision of Reproductive Health and Prevention of Mother-to-Child HIV Transmission Services

Version: 3 Date: 3 August 2014

Reviewer: Risa Hoffman

Reviewer’s report:

Major Compulsory Revisions

Overall, this study replicates others that look cross sectionally at fertility desires. The main issue with the study is the limitations of the design (cross sectional, no comparison with HIV negative women, lack of power to look at differences in those on ART versus not on ART), and most importantly, a lack of information about what this study adds to the existing literature. There are actually several similar studies published from Ethiopia yet almost none of these are acknowledged in the background. I would suggest that to be published, the authors think about what their study adds to the state of knowledge about the topic in the context first of what is known in Ethiopia, and then what is known in other resource limited settings that are similar. What does there study add? Why is it important? Is there something about this particular region of Ethiopia that is unique and hasn’t been represented by other studies? The strength of the study is the broad number of clinics included, which makes data potentially generalizable to a large population.

The manuscript is too long and includes a lot of extraneous information. The background should be shortened as above, as can the methods which includes too much detail about IRB review and topics related to staff training and data collection.

The Discussion needs to be framed in the context of what this study adds to the literature, including in relation to what is already known about HIV-infected women in Ethiopia (see abstracts below).

The tables do not convey the data in an easily interpretable manner. It would be better to combine tables 1-3 and include only most important and relevant data, and then look at those with versus without fertility desire for each variable with a p value so one can really see all these variables as they differ between the two groups of interest.

Minor Essential Revisions

• Perception of improving health status is unclear. Improving from what—from the time of HIV diagnosis? Is this just a proxy for ART?

• Likewise, the majority of women were on ART, so what can really be said about the role of ART and fertility desire? Did the authors do any power calculations to know that they had sufficient power to detect differences in fertility desire?
between those on and off ART? The authors need to be careful about drawing conclusions on the role of ART without appropriate power to detect differences.

• As above, background should be shortened by several paragraphs with clarification of what the study is adding to the known literature from Ethiopia on this topic

• There is a lot of discussion of contraception need and unmet need. It feels a bit unfocused when the focus is fertility desire. I agree with acknowledging that those without fertility desire may have an unmet need for contraception, but the data collected was not about whether contraception was obtained or not or whether women had health seeking behavior or difficulty accessing this. You do not show data to suggest that women without fertility desire were not on contraception (do you have that data?). You are assuming they are not. The paper should really focus on fertility desire draw conclusions only from the data collected. The other thing that isn’t overtly said but should be mentioned is the need for safer conception counseling to address the desires of those women who want more children

• Methods, under eligibility, paper states they were considered ART users if they were taking ART at the time of the interview ‘or had taken it before’. I would not consider someone off ART or who had received ARVs for PMTCT an ‘ART user’ and think the analysis should be adjusted to reflect that change.

• Data collection section, first section. If you included every female patient then how could you have used a random sampling technique? Too much detail in that paragraph about number of women interviewed per day and how patient client flow was determined. These should be deleted.

• Definition of HIV-positive women receiving chronic care doesn’t make sense. How can they be receiving chronic care if they’ve ever only had one visit? If you really included people with only one visit then would edit to say women who had engaged in care at least once, including the current visit.

• Methods are too long. Do not need to mention how you cleaned data. Ethics section can be limited to a few sentences that state IRB approval was obtained and by whom

• Results section- how many screened… can you clarify that 100% of those screened were eligible and enrolled?

• Paragraph 1 of results. Television and Radio should not be capitalized unless they are the first word of a sentence.

• 3.5% of women were pregnant at the time of the study. How did you ask them about fertility desire. It seems strange to include these women. Did they respond to the question in regard to a future pregnancy after the current one? The discussion of planned versus unplanned pregnancy in this group seems out of place and I wonder if you should just exclude them to be more focused and clear.

• TABLES- The data provided in tables 1-3 is not informative. What the reader really wants to know for each variable is the N(%) who did versus did not desire children and the p-value for that comparison. Would merge those 3 tables and include only most relevant and important variables, and have column 1 be
variable, column 2 the N(%) who desired a child, column 3 the N(%) who did not desire a child, and column 4 a p-value for that comparison.

- Table 4. Would change title to Associations of fertility Desire” and avoid use of ‘predictors’ which implies cause effect which cannot be determined from this type of research although I know statistically this term is often used. Would also include % in the Yes No columns to help reader.

- Discussion, as above needs to be re-framed to highlight data from Ethiopia and how this study informs that data. Would delete extended discussions of family planning and contraceptive desire (you don’t have data to support it). Delete ‘translating’ demographic survey data on contraception to your population. Careful drawing conclusions about ART not being associated with fertility desire given most were on ART so may not have been able to detect differences.

- Statement in discussion: “We believe that age was confounded with the number of children that the women had, which was treated as a predictor in our logistic regression model?” Can you clarify this? The multivariate model is adjusting for number of children unless you are saying there collinearity and all the older women had many children and all the younger ones none or few?

- Study Limitations- limited to those engaged in care and fertility desire could be very different among women who do not engage. Limited by high number of women on ART, limited by cross sectional design, lack of comparison to HIV negative subgroup

Discretionary Revisions

- Methods—would be careful of the use of word ‘predictor’ and use the word association (page 8 topic paragraph).

- I’m not clear on why whether they wanted a boy or girl is important however I can see asking the question about whether they wanted a specific gender infant was the reason they desire another child. For example, if they have 3 girls and want a boy. Do the authors have that type of information?

- Consider deleting Figure 2. It can be easily described in the text.

- Was the survey validated for the specific population in which it was used for this study. It sounds like ‘pre-testing’ was done but this was more for staff training then ensuring the tool was appropriate for the popln and setting

Selected Abstracts from Ethiopia below: The authors should perform a thorough literature search for additional studies

Fertility intentions among HIV positive women aged 18–49 years in Addis Ababa Ethiopia: a cross sectional study

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Abstract

Background
Given the degree of HIV epidemic among women and the current antiretroviral therapy (ART) scale up in Ethiopia; considering the issue of fertility is vital to ensure the delivery of integrated reproductive health along with prevention services provided to positive women. This study was aimed to assess fertility intentions of women living with HIV attending public health institutions (hospitals & health centers) in Addis Ababa, Ethiopia.

Methods
Institution based cross sectional survey was conducted, among 1855 HIV positive, women aged 18–49 years selected from different public health facilities in Addis Ababa; from June to October 2012. Information was gathered by using interviewer administered questionnaires. Data were double entered in EPI Info version 3.5.2 software, cleaned finally exported to IBM SPSS statistics version 20 for analysis. Logistic regression models were used to predict the association of study variables and adjusted for possible confounders.

Result
Overall, 44% of women reported fertility intention. ART users had higher fertility intention (AOR; 1.26, 95%CI; 1.01 to 1.60) than ART naïve. In addition to this, having partner being on sexual relationship, young age, being single and having fewer or no children were found to be predictors of fertility intentions. The presence of ART, improvement of health condition and the influence of husband were the main reasons for childbearing intentions of women in the study area.

Conclusion
A considerable proportion of women reported fertility intention. There was an association between fertility intentions and ART use. It is important for health care providers and policy makers to strengthen the fertility need of HIV positive
women along with HIV care so that women may decide freely and responsibly on their fertility issues.

Keywords:
Fertility intension; HIV; ART use; Women; Addis ababa; Ethiopia

Sexual life and fertility desire in long-term HIV serodiscordant couples in Addis Ababa, Ethiopia: a grounded theory study

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Abstract

Background

Even though remarkable progress has been achieved, HIV/AIDS continues to be a major global health priority. HIV discordant relationship is one of the emerging issues in HIV prevention endeavour. In Ethiopia, very little is known about HIV-serodiscordant couples particularly how they manage their sexual relationship and fertility desire. Therefore, we conduct this study with the aim of exploring the experiences of HIV discordant couples about their sexual life, and fertility desire in the context of long-term relationships in Addis Ababa, Ethiopia.

Methods

A grounded theory approach was employed using in-depth interviews among 36 informants in ART/PMTCT centers of three public hospitals, a health center and one PLHIV association in Addis Ababa. Theoretical sampling was used to recruit 28 clients who lived in a discordant relationship and eight health care providers as key informants. Data collection and analysis were undertaken simultaneously...
using a constant comparison. The analysis was facilitated using OpenCode software.

Results
A grounded theory pertaining to sexual life and desire to have a child among HIV discordant couples emerged as “maintaining the relationship” as a core category. Couples pass through a social process of struggle to maintain their relationship. The causal conditions for couples to enter into the process of struggle to maintain their relationship were collectively categorized as “Entering in-to a transition” (knowing HIV serostatus) and this includes mismatch of desire to have a child, controversy on safe sex versus desire to have a child, and undeniable change in sexual desire and practice through time were the features in entering into-transition. Then after the transition, couples engaged in certain actions/strategies that are categorized as “dealing with discordancy” such as entertaining partner’s interest by scarifying once self interest to maintain their relationship.

Conclusions
HIV discordant couples’ relationship is filled with controversies of maintaining relationship versus fear of getting infected. The findings of this study have suggested the need to view discordant couple’s actions as a process of maintaining their relationship in the context of eminent risks. Further study should be done among HIV discordant couples to assess the fitness of the current model in different setups and population. In addition, a study could begin to test the hypotheses proposed in this study.

Fertility desires predictors among people living with HIV/AIDS at antiretroviral treatment (ART) centers of two teaching hospitals in Addis Ababa.
Negash S1, Yusuf L, Tefera M.

Author information

Abstract

BACKGROUND:
Studies from different contexts worldwide in both developed and developing countries in the era of wide access to antiretroviral drugs indicate that many HIV positive individuals continue to exhibit high risk sexual behaviors, fertility intentions being one of the many characteristics.

OBJECTIVE:
Identify the level and determinants of fertility desire among people living with HIV/AIDS (PLWHAs) at antiretroviral treatment (ART) centers.

METHODS:
A cross-sectional study was conducted on randomly sampled, 396 PLWHAs. Odds ratio along with 95% confidence intervals were used to measure the association of the study variables with the outcome variable.

RESULTS:
The majority of respondents were females, 330 (83.3%), and 224 (56.6%) were in the age category of 25-35 years with the mean age of 33.5 +/- 6.61 years. From a total of 396 study subjects interviewed, 172 (43.3%) desired to have children in the future, out of which 123 (71.5%) stated positively that they intended to give birth in the near future, and of these 33 (26.8%) had taken action and are currently pregnant. CD4 count above 350/mm3, partner’s desire to have a child, lifetime history of not having live births and number of alive children are the most important predictors of fertility desire reported in this survey.

CONCLUSION:
Fertility desire remains to be high. This will pose serious challenges in areas of high HIV prevalence, like Ethiopia, on the implementation of the PMTCT programs. The strong predictors of fertility desire found in our study on the other hand can be used by policy makers, planners, and health service providers in the planning and implementation of the PMTCT programs. We suggest a large scale studies to be undertaken in the future.

Fertility Desire and Associated Factors among People Living with HIV on ART, In Harari Regional State, Eastern Ethiopia

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Related article at
HIV diagnosis and fertility intentions among couple VCT clients in Ethiopia. 
Bonnenfant YT1, Hindin MJ, Gillespie D.

Abstract
In Ethiopia, most HIV-affected couples are in serodiscordant relationships and must weigh any childbearing desires against the risk of transmitting the virus to a partner or child. This analysis investigates the relationship between HIV diagnosis and fertility intentions among couple voluntary counseling and testing (VCT) clients in Ethiopia and whether this relationship differs between men and women. Data come from the Ethiopia Voluntary Counseling and Testing Integrated with Contraceptive Services (VICS) study, which collected information from men and women attending VCT at eight public sector health facilities in the Oromia region of Ethiopia. VCT clients were asked about their fertility intentions before (pre-test) and after (post-test) receiving their HIV test results. Sex-stratified logistic regression was used to find characteristics, such as the couple’s HIV status, associated with ceasing to desire children between pre-test and post-test versus desiring children at both time points. Women belonging to serodiscordant couples were much more likely to cease desiring children than women in HIV-concordant couples, regardless of whether the woman (aOR=11.08, p<0.001) or her partner (aOR=9.97, p=0.001) was HIV+. Only HIV+ men in serodiscordant relationships were more likely to stop desiring children than men in HIV-concordant couples (aOR=12.10, p<0.001). Serodiscordant couples would benefit from family planning services or referrals during VCT to help meet their reproductive needs.

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Factors affecting fertility decisions of married men and women living with HIV in South Wollo Zone, Northeast Ethiopia

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Abstract

Background: In a setting with high HIV prevalence and high fertility rates, addressing fertility issues of People Living with HIV/AIDS (PLWHA) is crucial. However, understanding of the factors associated with fertility decisions of PLWHA in Ethiopia is remarkably low.

Objective: The study was conducted to assess factors associated with fertility decisions of PLWHA in South Wollo Zone, Northeast Ethiopia.

Methods: The study was conducted from February 1 to March 30, 2008 using cross-sectional design. Quantitative data were collected from a
sample of 458 men and 458 women using structured questionnaire. Qualitative data were also collected from six health care providers. Logistic regression was used to analyze the quantitative data.

Results: The study showed that 18.3% of currently married PLWHA have decided to have a child. The factors found to be independently associated with current decision to have a child were higher family income [OR (95% CI) = 2.29 (1.23, 4.26)], partner’s decision to have a child [OR (95% CI) = 36.4 (17.0, 77.5)], having knowledge on PMTCT [OR (95% CI) = 2.26 (1.44, 3.54)] and having partner with negative HIV test result [OR (95% CI) = 0.408 (0.219, 0.759)].

During in-depth interview the health care providers indicated the fertility related counseling service to be low.

Conclusion: In spite of the fact that significant proportion of married PLWHA had decided to have a child, the fertility related counseling service is low. Improving fertility related counseling services to enable clients make informed fertility decision is mandatory. The factors identified to be associated with fertility decision could be of major importance and as such should be investigated further. [Ethiop. J. Health Dev. 2010;24(3):14-220]
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests'